

## ADOPTIVE PLACEMENT AGREEMENT

**Child's Name** \_\_\_\_\_

Date of Birth

I/We, \_\_\_\_\_ and \_\_\_\_\_, understand that

(Adoptive Parent) (Adoptive Parent)

the \_\_\_\_\_ in accepting me/us as adoptive parent(s) expresses confidence in  
(Adoption Agency)

my/our ability to meet the needs of the child placed with me/us on \_\_\_\_\_  
(Date of Placement)

Having seen the child and been informed of his/her social and health history, I/we accept him/her with the intent of legal adoption. Attached is a Psychosocial and Medical History Form (AD 512/AD 512A), listing social and health facts applicable to the child which I/we have reviewed. I/We understand that the agency will maintain legal custody of the child until a decree of adoption is granted. I/we understand that a social worker from the adoption agency will meet with me/us and the child regularly until a decree of adoption has been granted by the court.

I/We understand the child is/is not legally freed for adoption. If not, the child's legal status is \_\_\_\_\_

Until the adoption is final:

I/We agree to place the child under the care of a licensed physician and follow recommendations for health care for the child, including immunization. I/We must notify the agency of any serious illnesses of the child and obtain consent from the agency in writing prior to any necessary surgery or medical treatment for the child.

I/We agree to inform the agency of changes in my/our family or place of residence. I/We must not take the child out of the State of California without the consent of the agency. I/We agree to inform the agency of extended trips of 30 days or more I/we take outside the county.

If for any reason I/we cannot keep the child or properly care for him/her, I/we shall immediately inform the adoption agency. I/We realize my/our right to terminate the adoptive placement and return the child to the agency at any time prior to the granting of the decree of adoption. If I/we are dissatisfied with any action of the adoption agency before the adoption is finalized, I/we have the right to request a review of the action(s) of the adoption agency. I/We understand that the agency may remove the child immediately if the child is endangered or upon seven (7) days notice if it is determined that such action will be in the best interest of the child. The child can be removed only by court approval, or a child protective service action, if a petition for adoption has been filed. In such event, I/we do hereby waive and release any and all claims I/we may have against the agency for board, lodging, maintenance, and care for the child, and for any damages resulting therefrom.

I/We understand that I/we are responsible for any attorney fees incurred for completing the adoption.

I/We have been informed of the provisions of the Adoption Assistance Program (AAP) to assist in the placement of children who would otherwise remain in foster care. \_\_\_\_\_ is/is not potentially eligible for AAP as

(Name of Child)

described in Welfare and Institutions Code Section 16120 If the child qualifies for AAP, I/we am/are not in need of financial assistance to meet the needs of the child. I/We have been informed that if the child qualifies for AAP and I/we do not need assistance immediately, I/we can sign an Adoption Assistance Agreement that will defer payment until I/we require financial assistance for the specified condition(s) designated in that agreement. I/We understand that adoption assistance payments can begin only after the Adoption Assistance Agreement and Adoptive Placement Agreement have been signed.

In consideration of services rendered to me/us, I/we agree to pay to \_\_\_\_\_  
(Name of Adoption Agency)

an adoption fee of \$ \_\_\_\_\_ by the time the agency recommends the adoption in its report to the court.

I/we understand that assistance from California Children's Services is limited to children who reside within the State of California and that any benefits to which I/we may be entitled to under that program will terminate if I/we move to another state. However, I/we may be eligible to receive similar benefits in another state if I/we qualify under that state's eligibility requirements.

Agency Representative

Adoptive Parent

Agency Representative (cooperative placement)

Adoptive Parent